



Gladiolas, Serigraph: 28 x 25

by John Asaro (1937 -)

This month I am bringing you a touch of sunny California, and I regret the cover of the *Bulletin* cannot be in color to give you the fullest measure of beauty found in this piece. The artist is John Asaro, born in 1937 in San Diego, California, of parents who immigrated from Sicily. Asaro's artistic talents were evident early in his life. At age 15, while working with a local architect, Asaro began to study with the internationally acclaimed sculptor Donal Hord. From Hord's tutelage, Asaro emerged with a foundation in excellent design techniques, rich values in light, and perfection in performance.

Through the following years of study at the Art Center School of Design in Los Angeles and while working as a commercial artist in Detroit, Michigan, Asaro struggled with the question of whether art

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BULLETIN

Mahoning County Medical Society

Volume 61 January 1991 No. 1

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SOCIETY MEETINGS

January 15, 1991

March 16, 1991

May 21, 1991

September 17, 1991

November 19, 1991

December 17, 1991

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Battle Lines 1991

1991 is the year of war. Besieged with armies of insurance carriers, government agencies, and failed "foreign" medical plans, the armies of American medicine fight on.

As we remember our colleagues who unselfishly serve the country, we remember the homefront. Men and women in medicine here, too, fight on the front lines. The struggle for a healthy America and the freedom to practice the arts of medicine is a never ending battle.

Particular to this year in this country will be the expansion of our forces to include nearly all the soldiers of medicine, the alliance with hospitals and other economic entities, the negotiation of peace terms with peer review organizations, and the education of the soldiers to respond properly under fire. There is also scheduled

increased dialogue with public policy makers and invitations to visit our turf for better understanding of our particular concerns that seem to have eluded them. Coordination of medical care will be sought through combined efforts with local and state health departments, medical directors, the State Medical Board and even PRO groups.

Campaigns against some HCFA rules, medical inconsistencies, difficult nursing home rules and excessive paperwork are planned. These will be reoriented for easier and more consistent cash flow while eliminating blocks to good basic patient care.

Finally, if we can wage a large enough war, who knows? Maybe Bob Hope will do a Christmas show for us next year. □

The struggle for a healthy America and the freedom to practice the arts of medicine is a never ending battle."

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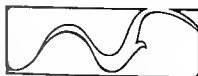
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Be All You Can Be

"Be All You Can Be" is not only a recruiting slogan, it is a creed to live by. It has come to have special meaning for many of us at this time, as we assist others to focus on their mission. Subscription to this creed was instilled by the efforts and example of special teachers/mentors/physicians during formative years. Harold Jeghers reminded us of our profession by declaring the status of the physician (when he was queried as an expert witness) as "student of medicine." It would intuitively appear the responsibility of all educators to enable their students/associates to be all they can be - that is to achieve their full potential - not just to be adequate physicians, but to be the best they can be, to do the best by their patients, placing the patient's interests above their own.

I would suggest that education at all levels (student, resident or "CME") should be oriented to enable and stimulate the participants to fully develop their talents. It seems appropriate to learn from the most qualified individuals available to them. While many individuals are sufficiently talented to review the literature and discuss a topic, it is difficult for that discussion to be authoritative. Not knowing the individual researchers, the discussant has great difficulty assessing the credibility of clinically pertinent studies. The change in literature publication mirrors this phenomenon. Even more difficult to publish than case reports is the "case report with review of the literature." Recognized experience in the field is generally required for such an article, even to be considered for publication.

Osler stated that to study medicine without studying the literature is like going to sea without charts. However, studying medicine only by reading the literature is like not having gone to sea at all. The issue is to utilize the experts in the field. Study-

ing medicine without such experts is like following an unlabeled map. One can quite comfortably go far astray from the goal. We should draw upon the expertise of the experts, so that as a team, we can all be all we can be.

Care of patients during the training/formative years allows one to develop practice habits. It is close supervision and interaction, however, that culls the "noncontributory" habits and refines those which allow quality care. This requires considered input by experienced teachers/colleagues. This should not be considered a luxury in training or in our maturation years. It is a right we must all demand, if we are all to be all we can be. □

Auxiliary News

The Mahoning County Medical Auxiliary's fall fashion show was an outstanding success. Proceeds from a Chinese auction, style show tickets and raffle totaled \$6,600. The Auxiliary donated the entire amount to the Rescue Mission.

Carol Kalavsky, a past president of the auxiliary and wife of Dr. Steven Kalavsky, received the YWCA Woman of the Year Award in the Community Service Volunteer category. A former intensive care nurse, she has donated countless hours to organizing community health programs. Carol is currently the president elect of the Junior Guild of St. Elizabeth Hospital Medical Center and serves on the advisory board of the Mahoning County Unit of the American Cancer Society.

Coming up — the Auxiliary will hold a dinner dance on March 16 at the Butler Institute of American Art to commemorate Doctors' Day. Mark your calendar now!



Bruce M. Rothschild, M.D.

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Report from the *State Medical Board of Ohio*

1) The Medical Board's licensure renewal system is severely backlogged. Prior to January 1, 1991, the Medical Board had mailed 14,000 wallet cards. Eight thousand (8,000) more wallet cards are currently in the mail, and another 4,311 wallet cards should be mailed by January 18. If a physician properly completed the renewal application and submitted it with the required fee in good faith, by December 31, 1990, he or she may properly continue to practice medicine. Any physician who has not yet tendered the application and required fee should do so immediately.

2) The Medical Board has proposed legislation concerning the licensure of graduates of medical schools outside the United States or Canada and is on the Medical Board agenda for 1991. The proposed legislation would require international medical graduates to complete three years of graduate medical education before being eligible for licensure. This is an increase from the current requirement of two years of graduate medical training for international medical school graduates. Twenty five states now require three years of graduate medical education.

3) The proposed international medical graduate legislative proposal would also raise the passing score on the Test of Spoken English (TSE) from 230 to 240. However, any applicant who receives a score of 210 or above may request to appear before the Board for an assessment of verbal communication skills.

4) The State Medical Board has delayed consideration of a set of proposed administrative rules governing the scope of practice of massage therapy, mechanotherapy and other limited branches of medicine, in order to consider

changes based on testimony from the public. The Board held a Public hearing in November on the proposed rules. Claire Wolfe, M.D. and Albert Clairmont, M.D. testified on behalf of the Ohio Society of Physical Medicine and Rehabilitation. The Ohio State Medical Association supported the rules as drafted without expansion. Both the Ohio State Massotherapy Association and Ohio Massage Therapy Association opposed the rules as too restrictive of the practice of massage.

The anticipated revisions will allow massage therapists to employ certain tools and nonprescription oils and ointments. The rules may also be expanded to allow massotherapists to use ultrasound and diathermy upon physician referral and proper training to perform these treatment modalities. The continued input of Doctors Wolfe and Clairmont has been requested by the Medical Board staff.

6) The OSMA Department of Legal Services has requested the State Medical Board to consider waiving or delaying the CME hours responsibilities of reserve physicians who have been activated due to Desert Storm.

Operation Desert Storm

Army reservist Dr. Murali Guthikonda was recently called to active duty. Major Guthikonda is stationed at Madigan Army Medical Center, Fort Lewis, Tacoma, Washington.

Army reserve nurse Christine Rothschild, wife of Dr. Bruce Rothschild, is stationed at Fort Benjamin Harrison, Indianapolis, Indiana en route to the Persian Gulf.

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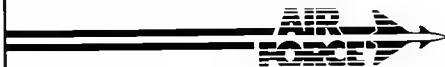
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MCMS Honors Distinguished Physicians

The Mahoning County Medical Society honored two outstanding physicians at the Society's Annual Meeting in December. Cited as Distinguished Physicians were Dr. Frederick A. Friedrich, a recently retired family practitioner, and Dr. Lewis K. Reed, whose award was presented posthumously. Dr. Reed's son, Dr. David G. Reed, accepted the award on behalf of his late father. Both honorees have long histories of service to the community and MCMS.

Dr. Friedrich has practiced medicine in the Youngstown area for almost 40 years. After graduating from the George Washington University School of Medicine in 1946, Dr. Friedrich served as a captain in the U.S. Medical Corps for three years. He later completed his residency at the Western Reserve Care System. During his long affiliation with WRCS, Dr. Friedrich served on numerous committees and held many appointments. He chaired both the medical records and quality care committees. He was vice-chairman of the medical center's Family Practice Section, and he was a course instructor for NEOUCOM.

In 1972, Dr. Friedrich became a charter fellow of the American Academy of Family Practice. He has served as both president and vice-president of the Mahoning County Academy of Family Practice.

Dr. Friedrich has been an active and loyal volunteer for MCMS. For many years, he

has served as co-chairman of the society's Canfield Fair committee and has spent numerous hours organizing and staffing the society's booth at the fair. Over the years, he has served the society in many capacities. Still an active volunteer, he promotes society membership to new physicians at every opportunity.

Dr. Friedrich resides in Canfield with his wife of 44 years, the former Isabel Ecker. The couple has three children and four grandchildren.

This year's other honoree, Dr. Lewis K. Reed, was memorialized in the November issue of the *Bulletin*. Dr. Reed passed away last October at the age of 81. Dr. Reed was nationally recognized for his work in the rehabilitation of alcoholics. Locally, he co-founded the Alcoholic Clinic of Youngstown and Homeless Alcoholics, Inc. He also helped organize programs in the OSMA and the AMA for the treatment of impaired physicians.

Dr. Reed spoke on alcoholism throughout the United States and Canada. He also authored several papers on alcoholism and alcoholism among physicians. During his lifetime, he received many awards that recognized his efforts in the treatment of alcoholism. Dr. Reed is the first physician to be honored posthumously by MCMS. His distinguished medical career and lifetime of volunteer service merit our special recognition. □



Dr. James Lambert and Dr. Frederick Friedrich.



Dr. David Reed and Dr. Gabriel DeCicco.

At A Glance...



Dr. Robert Reed and Dr. Jack Schreiber



Dr. Robert Slating, Dr. Norton German, and Dr. Nancy Gantt



Mrs. Becky Friedrich and Dr. Frederick Friedrich



Dr. Angelo Riberi and Dr. Joseph Gregori



Dr. Robert Fisher, Mrs. Ruth DeCicco, Dr. Gabriel DeCicco



Dr. Danny Chung and Dr. Richard Roland

Dr. Abdur A. Rashid: A Testimonial

Dr. Rashid, a good friend and colleague, passed away on December 26, 1990. He was 56 years old. He passed away quietly in the company of those he loved most - his three children. He had gone back to Afghanistan 10 days earlier, in a fitting final return to the roots he left 28 years ago.

When he came to Youngstown in 1979, Abe left a successful renal transplant program he had nurtured as Director of the Renal Transplant Service at the University of Ottawa, Canada. Even in those early years of imperfect immune therapy, the program had one of the best long term survivals for both patients and transplant kidneys. Abe wrote and co-authored a prodigious output of scientific papers which attested to this.

To the medical students and residents he taught, his manner with patients belied his strong scientific background and served as a reminder that medicine was first and foremost, an art.

He indulged himself liberally in his love for fitness and sports. He was mostly devoted to running and soccer. Abe was one of the original organizers of what is now the annual Peace Race. Even when local support faltered, he continued to commit precious time and unflagging loyalty to the event. He infected his own colleagues with

his enthusiasm for soccer, to which they responded by vigorous participation. Their tired, old bodies did not diminish their commitment, only the limitations of time. He devoted many volunteer hours to coach youths to play soccer. He took a group of eager novices, taught them the game, then disciplined and molded them into a team that achieved surprising success. At great personal expense, he took this team to England to play against good teams.

When reality of his illness and its fatality finally came upon him, he refused to retreat within. He accepted his own impending mortality with the same quiet dignity with which he took his personal and professional stresses in life.

A man's worth in life is judged by the measure of values he leaves behind. Ralph Waldo Emerson once defined what success is - "to find the best in others; to leave the world a bit better, whether by a healthy child, a garden patch or redeemed social conditions; to know even one life has breathed easier because you have lived. This is to have succeeded."

Abe was spare of word and expression, but his example in life spoke more indelibly of what a man's life ought to be.

Roberto A. Bacani, MD



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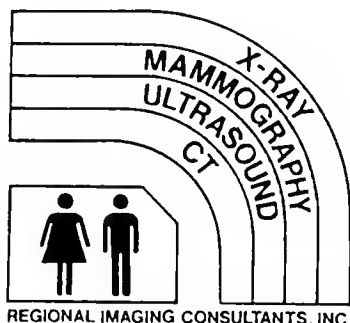
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Annual Meeting

Dr. Butterworth elected President-elect

MCMS held its Annual Meeting and election of officers at the Youngstown Club on Tuesday, December 18, 1990. PICO sponsored the social hour, and pianist Paul Rossi provided dinner music. President Dr. James Lambert presided over the business meeting. Invited as special guests were Dr. Gene Butcher, medical director Western Reserve Care System; Dr. Robert Slating, medical director St. Elizabeth Hospital Medical Center; Dr. Paul Weiss, medical director of Youngstown Osteopathic Hospital and Dr. Robert Reed, Sixth District Councilor, who gave an update report from the OSMA.

The following candidates were elected for 1991:

President-elect:

Dr. Jane F. Butterworth

Treasurer:

Dr. Danny Chung

1996 Delegate:

Dr. James A. Lambert

Alternate Delegate:

Dr. Jane F. Butterworth

Dr. David J. Dunch

Dr. Daniel W. Handel

Council Member at Large:

Dr. Chester A. Amedia

Dr. Glenn J. Baumblatt

Dr. Catherine E. Molloy

Dr. Robert G. Spratt

Dr. Milo N. Warner

Foundation Trustee:

Dr. John G. Guju

Dr. Steven M. Kalavsky

Dr. Lambert presented Dr. Frederick Friedrich with the Society's *Distinguished Physician Award*. A second posthumous award was presented on behalf of Dr. Lewis Reed. Dr. David Reed accepted the award on his late father's behalf.

Dr. Raymond Scheetz was this year's recipient of the OSMA 50 years in Medicine Award. The award was sent to him in Sanford, North Carolina where he now resides.

Dr. Robert McConnell was elected to Emeritus status. Resident membership applications were presented for Drs. Thomas Dreher, Neal Frost, and Cynthia Jackson.

OSMA PRACTICE MANAGEMENT SEMINARS

"Medicare Update: How to Do It Right"

Feb. 12 — Canton

Feb. 13 — Cleveland

"Fee and Claims Analysis"

March 5 — Canton

March 6 — Cleveland

**March 7 — Youngstown,
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April 10 — Columbus

April 11 — Cleveland

Call the OSMA Department of Education at (800) 766-OSMA for registration information.

The Physician and Infectious Waste Disposal Part II

Ohio has specific regulations concerning the disposal of infectious waste. In the last edition of the *Bulletin*, I discussed the requirements placed on the small quantity generator, or one who generates less than fifty pounds of infectious waste in any one month. Although the average physician in a solo or group practice is likely to be classified as a small quantity generator, physicians who frequently perform surgical procedures in their offices may be required to register as **large quantity generators**, or those who generate more than fifty pounds of infectious waste in any one month. The detailed requirements placed on large quantity generators can be found in Chapter 3734 of the Ohio Revised Code and Chapters 3745-27 and 3745-37 of the Ohio Administrative Code. What follow are some questions and answers frequently posed by generators.

With whom must I register as a large quantity generator?

Large quantity generators must register with the Ohio Environmental Protection Agency. Generators must contact the Division of Solid and Hazardous Waste Management of the Ohio Environmental Protection Agency at (614) 644-2917 to obtain an application.

As a large quantity generator, must I weigh and record the amount of infectious waste I produce?

No. Unlike small quantity generators, who must maintain a record of the amount of infectious waste they produce, large quantity generators, once registered, are not required to quantify their waste streams.

What are the requirements for handling of infectious waste?

All sharps must be placed in a rigid, puncture-resistant container. Untreated liquid or semiliquid infectious wastes

consisting of blood, blood products, body fluids and excreta may be discharged into a sanitary sewerage system, but never into a private septic system. All other infectious waste must be placed in plastic bags that are impervious to moisture, thick enough to prevent bursting, and red in color or labeled with an international biohazard symbol.

What are the requirements for disposal of infectious waste?

Infectious wastes must be shipped off-site to a licensed infectious waste treatment facility, treated on-site by the generator, or treated at a treatment facility owned or operated by the generator.

If the generator chooses to ship the waste to a treatment facility, the waste must be transported by a hauler registered with the Ohio Environmental Protection Agency. The generator must maintain shipping papers on file as well as a log of spills or accidents. These documents must be made available for inspection by the Mahoning County Health Department.

Large quantity generators who treat their own waste must do so by using an approved method, i.e., chemical treatment, autoclaving or incineration. It should be noted that such generators who treat their own waste are defined as infectious waste treatment facilities and are subject to other regulations of the Ohio Environmental Protection Agency. Generators who need to transport waste generated at a satellite facility to a treatment facility owned or operated by the generators must use a registered transporter of infectious waste.

If infectious wastes are treated by the generator, must they be transported by a registered infectious waste hauler?

No. Wastes rendered non-infectious may be disposed of as municipal solid waste.



Matthew A. Stefanak,
MPH
Health Commissioner
Mahoning County

If I produce less than fifty pounds of infectious waste in any one month but place my waste in the same municipal solid waste receptacle as the other physicians in my medical office building, are we considered to be large quantity generators if the total amount of waste from all of our offices exceeds fifty pounds?

No. Each physician's office is treated as a small quantity generator regardless of the amount of infectious waste generated by all physicians in the building.

From this brief discussion, it is clear that infectious waste law is exceedingly complex. Physicians or managers of medical treatment facilities who believe they may be subject to regulation as large quantity generators should contact Richard Setty, Chief of the Mahoning County Health Department Solid Waste Program at 788-0428 for guidance.

In my final article in this series, I will discuss the regulatory and consultative role of the Mahoning County Health Department in the infectious waste program.

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Consult the package literature for prescribing information.

Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β -hemolytic streptococci).

Contraindication: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, serum-sickness-like reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more

frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.

- Stevens-Johnson syndrome, toxic epidermal necrolysis, and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.
- Gastrointestinal (mostly diarrhea): 2.5%
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.

Abnormalities in laboratory results of uncertain etiology.

- Slight elevations in hepatic enzymes.
- Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
- Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

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Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.



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Dr. Deppisch Receives Liebelt/Wheeler Award for Faculty Excellence

Ludwig M. Deppisch, M.D., professor, pathology, and director, pathology, Western Reserve Care System, was recently honored with the Liebelt/Wheeler Award for Faculty Excellence during Founders Day at Northeastern Ohio Universities College of Medicine (NEOUCOM).

Timothy J. Teyler, Ph.D., professor, neurobiology, also received the new award named for Robert Liebelt, Ph.D., M.D., charter dean, and later provost and dean; and E. Jay Wheeler, M.D., who had served as senior associate dean and a member of the charter faculty. Dr. Wheeler served as interim dean following Dr. Liebelt's resignation, and both men were responsible for the development of the college's academic programs.

Dr. Deppisch was a major contributor to courses in general pathology and systemic pathology and continues as chairman for the gastrointestinal and gynecology organ systems and as course director in Youngstown for the year IV organ systems pathology course.

Dr. Deppisch authored a manual for the College of American Pathologists and directed workshops on quality assurance. He has been a visiting professor and given invited presentations at regional and national levels.

In addition to his teaching responsibilities, Dr. Deppisch has served on the Council of Pathology for many years, as well as numerous NEOUCOM committees.

Also presented on Founders Day were the Mary Jane Kelly Award to Elaine Forsch, serials/acquisitions/systems specialist, Oliver Ocasek Regional Medical Information Center, and the Olson/Blair award for Administrative Excellence to Andre



The Liebelt/Wheeler Award for Faculty Excellence was presented at Founders Day to Ludwig Deppisch, M.D., and Timothy Teyler, Ph.D. Seen here are (L to R): Robert Liebelt, Ph.D., M.D., charter dean and later provost and dean; Ludwig Deppisch, M.D., professor, pathology; and Colin Campbell, M.D., NEOUCOM president and dean.

Ognibene, M.D., professor and chairman, internal medicine.

The Mary Jane Kelly Award honors a member of the NEOUCOM staff who exhibits enthusiasm, diligence and exemplary loyalty to the students and staff of the college.

The Mary Jane Kelly award was founded by the college's charter provost, Stanley Olson, M.D., who named the award for Mary Jane Kelly, who was assistant to the provost and vice provost.

The Olson/Blair Award for Administrative Excellence is named for Stanley Olson, M.D., charter provost, and Charles Blair, the college's first vice provost for Administration and Public Affairs.

Dr. Deppisch received a plaque and a cash award, and his name will be placed on the Liebelt/Wheeler Award plaque.

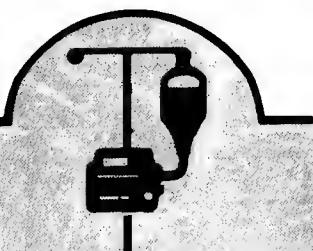
Also at Founders Day, service awards for employees with 15, 10 and 5 years of service were presented. The following Youngstown area employees were recognized:

10 years - Richard J. Eplawy of Boardman, James D. McTigue of Youngstown and Charles G. Mickens of Warren.

5 years - Joyce K. Bender of Warren and Janet M. Tabaka of Clinton.

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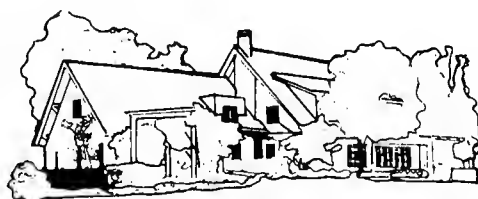
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50 Years Ago — January 1941

Orville J. Walker was the new president. Walter King Stewart was president-elect, and Claude Norris was the Editor of the *Bulletin*. They were remarkable men. Dr. Walker came here as a pathologist for the Youngstown Hospital but later went away for extra training and became Youngstown's first E.E.N. & T. specialist. Dr. Stewart was a friendly extrovert who was very active in Medical Society affairs. Dr. Norris, another extrovert, came here from North Dakota to be the first dermatologist in Youngstown. All three were tireless workers for the Medical Society.

40 Years Ago — January 1951

The new president was Elmer J. Wenaas. Carl A. Gustafson was president-elect; Gabriel DeCicco was secretary; and A.K. Phillips was the new treasurer. S.W. Ondash was the new editor. Howard Mathay was the new president of the Academy of General Practice and William Hiram Evans was the new president of the medical staff at St. Elizabeth Hospital. Gordon Nelson headed up the YHA staff.

New members that month were John LoCricchio and Edward M. Thomas. Walter J. Tims, as health commissioner, was urging that we fluoridate our water supply and was meeting with a lot of resistance from the community.

30 Years Ago — January 1961

In ten years, A.K. Phillips had worked his way up to president; C.W. Stertzbach became president-elect; C.E. Pichette was secretary; and H.P. McGregor was the new secretary. William P. Young was elected president of the Academy of General Practice, the first black physician to be so honored. Clyde Walter was named "General Practitioner of the Year." Henri Schmidt, W.K. Allsop, E. Henry Jones, Walter B. Turner were honored for fifty years of service.

20 Years Ago — January 1971

Incoming president was John F. Stotler along with Henry Holden as president-elect. Kenneth Lloyd was treasurer, and Myron Raupple was secretary. F.A. Pesa was the new editor.

New active members were G. Robert Barton, Gene A. Butcher and William Katz. New associate members were Simon A. Basile, Ernest B. Hidvegi and Karl F. Wieneke.

Five members were honored for fifty years of service. They were B.J. Dreiling, Patrick H. Kennedy, Harry Fusselman, Vern Neel and Henry Speck.

Two members were lost through death: Dr. George McKelvey, well-known surgeon and past president of the Society, and Myron C. Hanysh, a popular family practitioner, who passed away at the age of 54.

10 Years Ago — January 1981

D.J. Dallis was the incoming president, along with R.M. Kiskaddon as vice-president (no more president-elect). H.M. Wang was the new secretary, and A.Z. Rabinowitz was treasurer. Editor of the *Bulletin* was Richard Memo.

New members were Joseph A. Abrams, Jr., James Giannini and Robert E. McArtor. Dr. Raymond A. Hall, a well-known ENT specialist, died at the age of 74 following surgery in Sarasota, Florida. □

The following applications for membership were approved by Council.

Active:

Robert C. McClusky, MD

First Year:

Elizabeth H. Young, MD

Information pertinent to the applicants should be sent to the Board of Censors by February 8, 1991.



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Conflict of Interest in Clinical and Private Practice

The clinical and private practice of the medical community has pondered conflict of interest in a manner that has caused equal increasing attentiveness and far reaching implications for the medical community. Reports and opinions concerning conflict of interest have been issued recently by the Institute of Medicine, the American College of Physicians and the American Medical Association. Rising from examples that might prohibit physicians from referring Medicare patients to facilities where they have a financial interest, these reports have encompassed conflict of interest in four major areas.

First, recommending expensive tests or procedures often benefits a physician performing the service for which he/she charges as well as the lab or facility in which he/she has an interest. The second area of concern has been in that of consumer protection laws. Deceptive practices in labeling and product identification might not fully inform the health customer who is an amateur compared with the professional providing the service or the product. The doctrine of informed consent implies that a consumer given appropriate information on cost and quality will make a good, informed decision. A third area of concern has been disclosures by lawyers to clients. In health related law matters, the same lawyer or another lawyer in the same law firm might have been retained by the opposite side, particularly in issues of referring patients to facilities where there is a financial interest. This has caused a significant amount of concern particularly on the part of HCFA for Medicare related expenses. Lastly, disclosure by government officials has come under scrutiny. These conflicts came about and in part were instituted to

help ensure accountability for federal employees and appointed officials acting on behalf of the public welfare. In addition to the Ethics in Government Act which made financial interest publicly available, the Freedom of Information Act also allowed citizen access to government documents.

In the Medicare sector of private practice, Congress has enacted a law which will take effect in 1992 prohibiting physicians who receive Medicare reimbursement from owning, investing in, or having compensation agreements with clinical laboratories used for testing services. If you recently watched C-Span, you saw congressional inquiry regarding the pharmaceutical industry and their interaction with physicians. Significant questions arose regarding conflict of gifts in the pharmaceutical industry. The American College of Physicians has issued a position paper entitled "Physicians and the Pharmaceutical Industry" describing three specific positions regarding what constitutes a conflict of interest: 1. Gifts, hospitality or subsidies that are offered to physicians and range from trivial gifts to all expense gifts for two to resort settings for special CME meetings; 2. Continuing medical education providers whether independent or institutional should develop and enforce explicit policies to maintain control of the program content and, 3. Professional societies should develop and promulgate guidelines that discourage excessive industry sponsored gifts, amenities and hospitality. With this recent expose, a flurry of reports has appeared describing the relations of physicians, drug companies and gifts.

With these disclosures and precautions, the medical and scientific communities are not being allowed to place their personal good above or reward themselves at the

"Complete openness about potential conflicts and objective review by disinterested peers is likely to ensure honesty, guarantee unbiased validity of scientific studies and protect the health of the public as well as private patients."



Gene A. Butcher, MD

expense of the primary interest of the patient. Complete openness about potential conflicts and objective review by disinterested peers is likely to ensure honesty, guarantee unbiased validity of scientific studies and protect the health of the public as well as private patients. These concerns may appear burdensome and tedious but safeguard should keep pace with the sophistication of the technology they regulate. This area needs continued attention on the part of our profession and also is a particular interest for us to be sure that our

house officers, who receive video tapes, trinkets, free lunches and dinners, recognize the potential conflict of interest. The pharmaceutical industry has been extremely helpful in the development and continuation of continuing medical education. That relationship needs to be maintained but also should be carefully controlled. The pharmaceutical industry and the medical profession need to work closely and carefully together so that this area does not continue to be one of significant public concern. □

*The more I read, the more I meditate; and the more I acquire,
the more certain I am that I know nothing.*

Voltaire, Philosophical Dictionary, 1764



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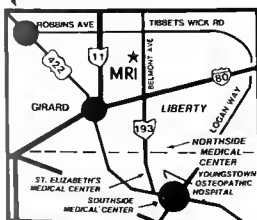
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Gladiolas, Serigraph: 28 x 25

by John Asaro (1937 -) *continued from cover*

was his true love. In the early 1980s after a brief tenure of teaching art at the Art Center back in San Diego, Asaro at last made the decision to give up teaching and become a full-time professional artist. At about this time, Asaro married Janet Close and began raising a family. Becoming a family man brought new focus and meaning into Asaro's life, and, at the suggestion of a friend, he began using his wife and later his children as subjects for his paintings. He placed them in settings that had special meaning to him, like the San Diego beach, his patio and his gardens.

Asaro is a California Color and Light painter. His palette is oils in pastels. The technique and process of painting are often of more interest to him than the subjects, with his major focus being the effects of light on objects. Here, Asaro's talents fly as he creates light and shadows that dance across the canvas; they shimmer; they reflect. Paint is layered on, and he pushes the oils around the canvas and like a sculptor he carves and lifts forms out of the shadows. His pastel colors are vibrant and glow in the play of light and shadow created on each canvas. Asaro's lines are fluid, similar to our featured artist of last month, Thomas Hart Benton. Perfection remains the foundation of all of Asaro's work as he spends a great deal of time with each painting, producing only a dozen or so canvases each year.

Asaro also works in lithography, and the featured piece here, "Gladiolas," is an original limited edition serigraph using over 150 colors. The theme of garden and child is carried through with a beautiful play of San Diego sunshine which at times is so brilliant colors are almost white. Jim and I lived in San Diego for four years, and observing "Gladiolas" is like bringing home

the whole feeling of San Diego; its gaiety, sunny warm days, beauty in its gardens, beaches, missions and Spanish influence... and here Asaro's Italian influence as well. Asaro has become an international figure in the art world. His decision to stay with art has proven to be a wise one for himself and his admirers. □

MCMSA MEETING

Dr. Sanford Gaylord was the featured speaker for the Mahoning County Medical Society Assistants' January meeting. He discussed the impact of legislation on state and national health care.

The group's next meeting will be held on February 5, 1991, at 7:30 p.m. at Dr. Skevos Zervos' medical annex at 6640 Market Street. Guest speaker Dr. James Leonelli will discuss estrogen therapy. For more information, call 748-2630.

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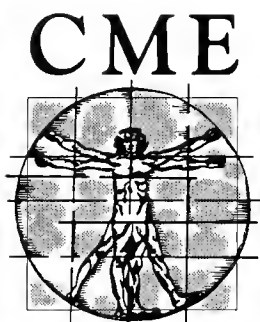
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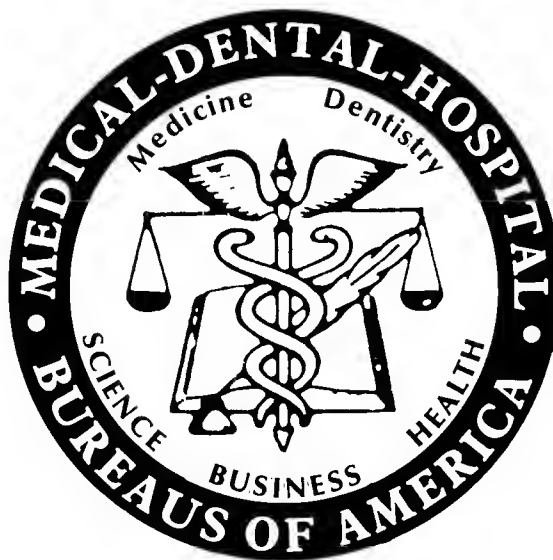
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